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A Massachusetts Guide to Medicare & Medicare HMO APPEALS

----what you need to know about Hospital and Medical Appeals

Commonwealth of Massachusetts
Executive Office of Elder Affairs

The Serving Health Information Needs of Elders (SHINE)
Health Insurance Counseling Program

Paul Cellucci
Governor

Lillian Glickman
Acting Secretary

Commonwealth of Massachusetts
Executive Office of Elder Affairs

A Massachusetts Guide to Medicare & Medicare HMO APPEALS

----what you need to know about Hospital and Medical Appeals

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Medicare & Medicare HMO APPEALS
Massachusetts Executive Office of Elder Affairs
SHINE Health Benefits Counseling Program

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Acknowledgments

This consumer booklet has been developed by the Executive Office of Elder Affairs Serving Health Information Needs of Elders (SHINE) Health Insurance Counseling Program. SHINE's counseling and information services are free and confidential. SHINE is funded through grants from the United States Health Care Financing Administration and the Massachusetts Councils on Aging that are administered by the Executive Office of Elder Affairs.

The Executive Office of Elder Affairs recognizes that most Medicare beneficiaries are unaware of their rights to appeal medical decisions. This booklet was developed to give the health care consumer a better understanding of the Medicare appeal systems so they can improve the quality of care they receive. This booklet explains how to start a Medicare or Medicare HMO appeal.

A SHINE Telephone List appears at the end of this booklet. You may also contact the Executive Office of Elder Affairs at 1-800-882-2003, your Council on Aging or Area Agency on Aging in your area to learn about the SHINE Program nearest you.

Note: The SHINE Program welcomes requests from not-for-profit organizations to excerpt or utilize the contents of this publication. Please contact the SHINE Program at the Executive Office of Elder Affairs, 1 Ashburton Place, 5th floor, Boston, MA, 02108 for permission.

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Introduction

Whether you received care from a hospital (inpatient or outpatient), a hospital emergency room, a skilled nursing facility, a home health agency, or outpatient surgery center, you have the right to question any part of the health care provided to you.

If you disagree with a decision on the amount Medicare (or a Medicare HMO) will pay on a claim or whether services you received are covered by Medicare (or the HMO), you have the right to ask for that decision to be reviewed by another official of the Medicare system.. There are separate appeals processes for Medicare Part A services, Medicare Part B services, and Medicare HMOs.

The appeal process takes time and a lot of patience in order to succeed. However, it can be important to exercise your right to receive the highest quality of care you are entitled to receive. To improve the system of health care for yourself and every other Medicare beneficiary, it is important to appeal a denial of a service whenever you believe the services being denied are Medicare or Medicare HMO covered services to which you are entitled.

Most appeals involve issues relating to:

- whether or not a service is medically necessary or appropriate for the treatment or diagnosis of an illness or injury.
- how much Medicare will pay towards a claim.
- whether or not a nursing home or hospital should continue providing medical services to a patient at that level of care
- the meaning of "urgent" versus "emergency" care in a Medicare Managed Care Plan (HMO).
- the quality of care they receive from medical staff and in medical settings.

It is important to understand there are two types of notices used in the Medicare system: those that are **not official Medicare determinations** and those that are **official Medicare determinations**. The following are form letters or oral exchanges between a medical provider and a Medicare beneficiary; they are **not official Medicare notices**:

- Notices of Non-Coverage (NNC)
  [a SNF may use a "Skilled Nursing Facility Termination Notice"]
- verbal discussions with providers in which Medicare services are terminated or refused.

Official Medicare determinations are issued by the Medicare intermediary, MassPRO, or the Medicare carrier and include the following:

- Notice of Initial Determination
- Notice of Utilization
- Explanation of Medicare Benefits (EOMBs)
- Reconsideration Determination

APPEALS FOR MEDICARE PART A SERVICES

Skilled nursing facility services and home health benefits in the fee-for-service system.

CASE 1: *You have been receiving medical services as a patient in a **skilled nursing facility**, but have been told by the facility staff that Medicare won't cover your stay after a few more days. What can you do?*

CASE 2: *Or, you want to engage the services of a **home health company**, but they do not believe you meet one of Medicare's guidelines for home health care. What can you do?*

STEP 1 - GET A WRITTEN NOTICE OF NON-COVERAGE (NNC)

A Part A provider should give you a written NNC to explain the services you seek will not be paid for by Medicare. If they have spoken to you about "no coverage for benefits", ask them to give you a written NNC.

STEP 2 - ASK THE PROVIDER TO REQUEST AN OFFICIAL MEDICARE DETERMINATION

If you so request, the provider must submit a **"demand bill"** (also referred to as a **"no-payment bill"**) to the Medicare intermediary on your behalf. A Medicare beneficiary always has the right to have a claim submitted to Medicare. Therefore, when a provider decides that a service is not covered, a bill at the request of the beneficiary can be submitted. The beneficiary must ask the Part A provider to get the official Medicare determination in order to develop the right to request further appeals. *When beneficiaries are unaware of their rights, they wrongly assume the provider's NNC is an official Medicare determination when, in fact, it is not an official determination by Medicare!*

STEP 3 - RECEIVE THE OFFICIAL MEDICARE DETERMINATION IN THE FORM OF A NOTICE OF UTILIZATION

Medicare sends you a Notice of Utilization which states its ruling. If you do not receive this official determination within thirty days, then contact the local intermediary. If they rule in your favor, then you get the services requested paid for by Medicare. However, if you still disagree with the ruling, ask for a Reconsideration Determination.

STEP 4 - REQUEST A RECONSIDERATION DETERMINATION

If you still disagree with the ruling in the Notice of Utilization, ask for a Reconsideration Determination by writing a letter to the intermediary. Its address is on the recent Notice of Utilization. Include in your written request a copy of the NNC and Notice of Utilization. You have 60 days from the date you received the Notice of Utilization to make this request.

STEPS 5 AND BEYOND - INTERMEDIARY SENDS YOU A RECONSIDERATION DETERMINATION

The intermediary will assign someone new to reconsider your case and issue a determination. If they confirm your belief that Medicare services should be provided to you, then you have won. However, if they continue to rule against you, read the instructions on the reconsideration determination to learn about the next appeal step (a hearing before an Administrative Law Judge).

APPEALS FOR MEDICARE PART A SERVICES-
The Hospital pre-admission denial

CASE 3: *You want to have your surgery performed at the local acute care hospital, but the hospital has informed you that you will not be admitted as an inpatient for this procedure. What can you do?*

INTRODUCTION

If a hospital decides not to admit you to the hospital, it must give you its decision in writing. However, this decision is **not an official Medicare determination**. In order to get an official Medicare determination, follow these steps:

STEP 1 -
ASK MASSPRO TO REVIEW THE HOSPITAL'S DECISION

You must ask MassPRO to review the hospital's decision. You can ask for an immediate review if you contact MassPRO within three days of the date you received the hospital's decision. You can contact MassPRO by telephone at **1-800-252-5533** or in writing at MassPRO, 235 Wyman Street, Waltham, MA 02154-1231. Otherwise, you have 30 days to ask MassPRO to make a review. If the hospital had already consulted with MassPRO while making its decision, then you are actually asking MassPRO to reconsider the pre-admission denial.

STEP 2 -
RECEIVE MASSPRO'S DETERMINATION

MassPRO will review the hospital's decision and send out an official Medicare determination. If MassPRO agrees with you and decides Medicare should pay for your stay in the hospital, then the hospital will be expected to admit you. If MassPRO agrees with the hospital, the reconsideration determination will explain your rights and the next steps to take to continue the appeal.

APPEALS FOR MEDICARE PART A SERVICES - Inpatient Hospital Notice of Non-Coverage

CASE 4: *You have been in the hospital for ten days because you have a broken hip. The hospital issues a Notice of Non-Coverage to you stating that in three days time you will be discharged home. You think the discharge is premature. What can you do?*

INTRODUCTION

As a Medicare patient, you have the right to remain in the hospital to receive all necessary care for the proper diagnosis and treatment of your illness or injury.

STEP 1 - REQUEST TO RECEIVE THE NOTICE OF NON-COVERAGE IN WRITING

The hospital must give you a written notice which explains their belief Medicare will no longer pay for your stay and includes the phone number of the Massachusetts Peer Review Organization (MassPRO).

STEP 2 - ASK MASSPRO TO REVIEW THE HOSPITAL'S DECISION

To request an immediate review, you must contact MassPRO at **1-800-252-5533** by **noon of the next business day** (Saturdays, Sundays and holidays not included) after the date you received the Notice of Non-Coverage. You cannot be charged for any days until noon of the day after MassPro makes its decision, regardless of the outcome of the decision.

If you do not request an immediate review, you will have 30 days to ask MassPRO to make a review. If the hospital had already consulted with MassPRO while making its decision, then you are actually asking MassPRO to reconsider the decision to discharge you from your current Medicare-covered stay in the hospital. You can contact MassPRO by telephone at **1-800-252-5533** or in writing at MassPRO, 235 Wyman Street, Waltham, MA 02154-1231.

STEP 3 - RECEIVE MASSPRO'S DETERMINATION

MassPRO will review the discharge decision and send out an official Medicare determination (if they are reconsidering their previous decision, then it will be a reconsideration determination). If MassPRO agrees with you and decides Medicare should pay for your stay in the hospital, then the hospital will be expected to retain you as an inpatient for the time being. If MassPRO agrees with the hospital, then the determination will also explain your rights and the next steps to take to continue the appeal.

APPEALS FOR MEDICARE PART B SERVICES

Doctor's services, outpatient hospital care, diagnostic services, durable medical equipment and ambulance services.

Typical Case: *EOMBs are often reviewed when coverage is denied, the amounts allowed seem out of line, when claims are denied for insufficient information or omitted facts, or when the medical necessity of certain procedures has not been fully demonstrated when the claim form was submitted by the Part B provider.*

STEP 1 - REQUEST A REVIEW FROM THE CARRIER BY MAIL OR BY TELEPHONE

On the EOMB attach a note saying "**Please review**", sign it, date it, and send it back to the carrier. The carrier's name and address are on the form. If appropriate, a letter from the doctor explaining the medical necessity for the procedure can also be included. You have six months to send in your request for a review.

You may also use the telephone to conduct the review. Between 8 AM and 4 PM, Monday through Friday, you may call the carrier for Massachusetts, known as C & S Administrative Services, at **1-800-294-2351** to request a review over the telephone. You must still request the review within six months of the date the EOMB was issued.

When you call, be prepared to tell the carrier the following facts:

- your full name
- current address
- your Medicare health insurance claim (HIC) number
- the 13-digit claim control number on the claim you want reviewed (this is on the EOMB)
- and the date of service.

In most cases, the carrier can inform you of its official determination of the review during the telephone call. You will also receive a formal letter or an adjusted EOMB. Follow the instructions on the review determination if a further appeal is necessary. The next step is a fair hearing before a carrier hearing officer.

For appeals concerning durable medical equipment, the carrier for Massachusetts is:

UNITEDhealthcare™
Durable Medical Equipment Regional Carrier
PO Box 6800
Wilkes-Barre, PA 18773-6800
Tel: **1-800-842-2052**

APPEALS FOR MEDICARE HMO - EARLY DISCHARGE FROM A HOSPITAL.

CASE 5: *You have been in the hospital for ten days because you have a broken hip. The HMO issues a Notice of Non-Coverage to you stating that in three days time you will be discharged home. You think the discharge is pre-mature. What can you do?*

INTRODUCTION

As a Medicare HMO patient, you have the right to remain in the hospital to receive all necessary care for the proper diagnosis and treatment of your illness or injury. HMOs have systems in place that let you appeal their payment decisions.

STEP 1 - REQUEST TO RECEIVE THE NOTICE OF NON-COVERAGE IN WRITING - The HMO must give you a written notice, called a "***Notice of Non-Coverage***", which explains your appeal rights and includes the phone number of the Massachusetts Peer Review Organization (MassPRO) to call if you wish to request an ***immediate review***.

STEP 2 - ASK MASSPRO TO REVIEW THE HOSPITAL'S DECISION

To request an immediate review, you must contact MassPRO at **1-800-252-5533** by **noon of the next business day** (Saturdays, Sundays and holidays not included) after the date you received the Notice of Non-Coverage. You cannot be charged for any days until noon of the day after MassPRO makes its decision, regardless of the outcome of the decision.

STEP 3 - RECEIVE MASSPRO'S DETERMINATION - If MassPRO agrees with you and decides the HMO should pay for your continued stay in the hospital, then the hospital will be expected to retain you as an inpatient for the time being. If MassPRO agrees with the HMO, then the determination will also explain your rights and the next steps to take to continue the appeal.

STEP 4 - REQUEST A REVIEW WITH HMO (if you did not request an immediate review) - If you are discharged and you wish to appeal your HMO's decision, you will have 60 days from the date on the NNC to ask your **HMO** to make a review. Send your written request for review to the HMO or the Social Security Office. If the HMO does not rule in your favor, they will automatically send your appeal on to the Center for Health Dispute Resolution (The Center).

STEP 5 - AWAIT THE DETERMINATION OF THE CENTER - The Center must make a determination of the case within 30 working days. If you lose at this stage, the determination will contain instructions on how to request a hearing before the Administrative Law Judge.

APPEALS IN MEDICARE HMOs - STANDARD 60-DAY RECONSIDERATION PROCESS

Case 6: *You have been receiving home health services three times a week with Medicare fee-for-service. You decide to enroll in a Medicare HMO and three weeks later you are informed by the Medicare HMO that they will not pay for any further home health services. You feel you still need assistance and you have contacted your primary care physician about your concerns.*

INTRODUCTION

Medicare beneficiaries in Medicare HMO plans have appeal rights for questioning any medical decision made by HMO staff. A patient may believe they have a medical need for continuing services, or think a certain setting for receiving the medical care is necessary. If an HMO refuses to provided Medicare-covered services you have requested, or decides to reduce or terminate services you have been receiving, then they must give you this decision in writing. If you disagree, then you may file an appeal with your plan.

STEP 1 - GET THE DECISION IN WRITING - Under the law, the HMO must give you a written denial if the treating physician says you cannot have a particular service. Tell the physician **"I want your decision in writing"**. This denial is called a **"Notice of Initial Determination"**. Along with this notice, the HMO is required to give you an explanation of your appeal rights.

STEP 2 - ASK FOR A RECONSIDERATION IN WRITING - Send your request for a reconsideration to the HMO within 60 days of the date you received the Notice of Initial Determination. In your letter requesting a reconsideration, tell the HMO that you believe the plan has an obligation to provide the service because you believe it is a Medicare-covered service. Also, include a copy of the written Notice of Initial Determination given to you by the physician or the HMO.

STEP 3 - RECEIVE THE RECONSIDERATION DETERMINATION - Your HMO has 60 days to reconsider its initial determination to deny the services or payment for services you believe they should provide. If the HMO agrees with you upon appeal, then they shall provide the service or pay for the care you received. However, if the HMO denies your request on appeal, then it must automatically submit your case for further review to an independent group called the Center for Heath Dispute Resolution.

STEP 4 - AWAIT THE DETERMINATION OF THE CENTER FOR HEALTH DISPUTE RESOULTION (THE CENTER) - The Center must make a determination of the case with 30 working days. If you lose at this stage, the determination will contain instructions on how to request another appeal, a hearing before the Administrative Law Judge.

APPEALS IN MEDICARE HMOs - EXPEDITED 72-HOUR DECISION

INTRODUCTION

Medicare beneficiaries can challenge medical decisions made by HMO doctors and staff. If you do not agree with decisions that have been made by staff of your HMO, you may appeal for coverage for services. Read the steps below to learn how.

Essentially, a Medicare beneficiary may believe a service is medically necessary under Medicare's guidelines, while the plan believes its time to stop services because they are no longer medically necessary. If an HMO disagrees with the beneficiary and denies approval for a new service or decides to stop the continuation of a current service, then beneficiaries can request an appeal. Normally, managed care plans have 60 days to consider a Medicare beneficiary's request for a service which the plan has refused to provide.

However, beginning on August 28, 1997, a new law gives to Medicare beneficiaries the right to receive **a fast decision** from their HMO. This faster decision process is called "an expedited 72-hour organization determination". **An expedited 72-hour decision must be made if the beneficiary's health, life or ability to regain maximum function may be jeopardized by the standard 60-day determination process.** Beneficiaries should ask for a fast decision ("expedited decision" or "expedited organization determination") if they think:

- the HMO will not approve or give him/her medical care or services that should be covered, or
- the HMO is stopping care that he/she still needs, or
- the HMO is decreasing the amount, level or frequency of services.

The HMO will decide whether or not a 72-hour /fast decision indeed needs to be made. If a fast decision is not granted, the appeal will automatically enter into the standard 60 day process. While HMOs have the responsibility for deciding whether or not a request for a fast decision shall be granted, **if a physician makes the request on behalf of the beneficiary, or even if a physician files a statement in support of the request (the statement may be oral or in writing), then the health plan must issue a fast decision.**

HOW TO REQUEST A FAST, EXPEDITED DECISION-

To make a request for a fast 72-hour decision, you may call by telephone and orally request it, drop-off a written request at a plans office, fax the request to the plan's office, or mail a request to the plans appeal department. Make your request for a 72-hour decision by stating "I want an expedited decision, fast decision, or 72-hour decision, or I believe my health should be seriously harmed by waiting 60 days for a standard decision.

- If your request is made orally, the plan must write down your request and start its decision process.
- You may hand-deliver your request to certain plan office sites, typically their primary care physician's office and/or the plans headquarters office.
- You may FAX the request to the plan's Complaints & Appeals Office. If you are a patient in a hospital or skilled nursing facility, ask the facility's staff to FAX the request for you.
- You may mail a written request to the plan's appeal Department; the 72-hour process will start as soon as they receive your request. Ask your Primary Care Physician or call your HMO to get the telephone number and address of the plan's Appeals and Complaints office. In 1998, all plan handbooks will include instructions on how to start an appeal.

If the plan agrees to perform a 72-hour decision, they must notify you of their decision to either deny or provide services before the 72 hours end. On the other hand, the plan may decide your condition does not require a fast decision. If so, the plan must notify you immediately, and send a written explanation within two working days. The plan's letter must explain that your request will be processed through the standard 60-day decision process. At this point, if you still think you need the services in dispute, then they may ask for an **expedited appeal**.

HOW TO REQUEST AN EXPEDITED APPEAL-

- A beneficiary can request, either orally or in writing, that a second 72-hour review be conducted by the plan; this process is officially called **an expedited appeal**. A beneficiary should ask for an expedited appeal if he/she believes that his/her health or ability to regain maximum function would be seriously jeopardized by waiting for a review under the standard 60-day appeal process.
- Someone can ask for an expedited appeal even though they went through the standard 60-day review process the first time they asked the plan to review its medical decision. A request for an expedited appeal must be considered independently from a request for a fast 72-hour decision and may be granted even if the request for a fast 72-hour decision was rejected.
- If the request for an expedited appeal is not approved, then the plan must automatically enter the request into the standard 60-day appeal process on behalf of the beneficiary (the beneficiary does not need to submit a written request.)

WHO CAN MAKE THE REQUESTS?

A Medicare beneficiary enrolled in an HMO may file the appeal. And, if the enrolled beneficiary wants someone else to make the request for him or her, then they may do so by completing a simple designation form; a sample designation of representative form appears on page 16.

TIME EXTENSIONS

Health plans will be allowed up to 10 extra days to make a decision if the additional time helps the beneficiary's cause, or if the beneficiary asks for more time so he/she can gather and submit more information. Also, if a non-plan doctor who supports the request needs more time to provide all of his/her medical information, then the 72-hour decision period will begin once the non-plan doctor has provided the medical information.

APPEALS FOR MEDICARE HMO MEMBERS WHO ARE IN HOPSITALS

Sometimes, when a Medicare beneficiary is a patient in the hospital, they will be surprised when they are told they will be discharged from the hospital. The HMO must give the patient a written Notice of Non-Coverage that announces the termination of hospital coverage as of a future date. A Medicare patient should not be discharged before they have been given a written notice of discharge as well as a written discharge plan. . This written notice must include information on how to start an immediate review of a hospital discharge if the patient thinks the hospital services are being stopped too soon. The first step in appealing a pre-mature hospital discharge is to immediately call MassPRO at 1-800-252-5533.

Medicare law provides for an immediate PRO review of hospital discharges with financial protection for the beneficiary so long as the beneficiary contacts the PRO by noon of the first working day after receiving the Notice of Non-Coverage. If a Medicare HMO enrollee misses this noon deadline for an immediate PRO review, they may still request an expedited review, but they would loose the financial protection given under the PRO review. So, from a beneficiary's point of view, the beneficiary fares best by using the expedited MassPRO review with the financial protections included.

See page 10 of this guide for a step by step instructions for appealing early discharge decisions by Medicare HMO patients.

Designation of Representative for Expedited HMO Appeal

"I, _____ (name), appoint _____, (name of representative) to act as my representative in requesting an appeal from my HMO and/or the Health Care Financing Administration, if necessary.

My representative may obtain information about my claim to the same extent that I could, submit additional evidence on my behalf, make statements on my behalf, and make any requests for information related to these proceedings.

I think the plan may be denying me a service to which I am entitled or may be terminating a service before it is medically appropriate to do so."

_____ (Beneficiary Signature) _____ Date

_____(Representative's signature) _____ Date

Any adult you choose may act as your representative for this appeal. Also, any doctor, working outside or inside your plan, may be appointed to be your representative. Or, you may ask a doctor to provide oral or written statements in support of your request for an appeal. If a doctor supports your request, then the plan is required to make a fast, 72-hour decision.

If you appoint someone to act as your representative, then send this signed statement along with your request for an expedited decision or an expedited appeal of a decision.

DIRECTORY

INTERMEDIARIES - Part A Claims

Aetna Life Insurance Company 203-636-5666
151 Farmington Ave.
Hartford, CT 06156

Associated Hospital Service of Maine 888-896-4997
1515 Hancock Street
Quincy, MA 02169-5228
Processes claims for: ***hospital, SNF, home health, hospice, fraud and abuse***

CARRIERS - Part B Claims

National Heritage Insurance Corp. 800-882-1228
PO Box 1000
Hingham, MA 02044-9191
Processes claims for Part B services and investigates fraud by Part B providers.

UNITEDhealthcare™ 800-842-2052
Durable Medical Equipment Region A Carrier
PO Box 6800
Wilkes-Barre, PA 18773-6800
Processes claims for durable medical equipment (DME) and investigates fraud by DME providers.

Railroad Retirement Board's 800-833-4455
UNITEDhealthcare Medicare Claim Service Center
PO Box 1066
2528 Center West Parkway
Augusta, GA 30999-0001

MEDICARE FRAUD & ABUSE HOTLINE

Department of Health & Human Services 800-368-5779
Concerns about abuse of services or billings to Medicare

Office of the Inspector General (Boston) 617-565-2664

QUALITY OF CARE COMPLAINT OFFICES FOR MEDICARE BENEFICIARIES

Massachusetts Peer Review Organization 800-252-5533
(MassPRO) 617-890-0011
235 Wyman Street
Waltham, MA 02154-1231

Medicare Advocacy Office of
the Department of Public Health 800-462-5540

LEGAL SERVICES FOR MEDICARE BENFICIARIES: THE MASSACHUSETTS MEDICARE ADVOCACY PROJECT

Serving Essex, Middlesex, Norfolk and Suffolk counties.
Greater Boston Legal Services 800-323-3205
197 Friend Street 617-371-1234
Boston, MA 02114

Serving Barnstable, Dukes, Nantucket and Plymouth counties.
Legal Services for Cape Cod and Islands 800-742-4107
460 West Main Street 508-775-7020
Hyannis, MA 02601

Serving Essex and Middlesex counties.
Merrimack Valley Legal Services 800-427-2521
11 Lawrence Street, Suite 324 508-687-1177
Lawrence, MA 01840

Serving Bristol and Plymouth counties.
Southeastern Massachusetts Legal Assistance Corp. 800-244-9023
21 South Sixth Street 508-996-8576
New Bedford, MA 02740

Serving Franklin, Hampden, Berkshire and Hampshire counties.
Western Massachusetts Legal Services 413-781-7814
145 State Street
Springfield, MA 01103

Serving Worcester county.
Legal Assistance Corp. of Central Massachusetts 800-649-3718
405 Main Street, 4th Floor 508-752-3718
Worcester, MA 01608

SHINE - Serving Health Information Needs of Elders Program -

The SHINE Program is the health insurance counseling program for senior citizens and Medicare beneficiaries in Massachusetts administered by the Executive Office of Elder Affairs. Contact your Regional SHINE Program Coordinator to discuss your health insurance options and/or set up an appointment with a certified SHINE Counselor. SHINE Counselors can help you understand all your health insurance coverage and appeal rights.

Area # Number	SHINE Regional Program	SHINE Coordinator	Telephone Number
Western Mass:			
01	Berkshire County Program	Martha Seymour	800-957-3557
02	Franklin & Hampshire Counties Regional Program	Kristen Hershberger	800-498-4232
03	Hampden County/ Springfield	Gail Noe	800-307-4463
Central Mass:			
04	Worcester County/ Central Mass AAA	Kerri Beauchmin	800-244-3032
05	BayPath / Framingham	Pam LeFrancois	800-287-7284
06	HESSCO/Foxboro	Peggy McDonough	800-462-5221
Northeastern Mass:			
07	North Shore Program / Danvers	Sara Bronstein	800-598-1122
08	Minuteman Home Care/ Cambridge & Somerville	Cynthia Phillips	617-272-7177
09	Merrimack Valley Elder Services Lawrence	Francesca Yeltin	800-892-0890
Eastern Mass:			
10	Mystic Valley Elder Services	Holly Kisler	617-324-7705
11	West Suburban/ Needham	Maura Walsh	617-964-5009
12	South Shore Area/Quincy	Jane Mudge	617-376-1247
13	City of Boston	Community Advocates	617-635-3995
Southeastern Mass:			
14 & 18	Cape Cod Regional Program	Beth Fletcher	800-334-9999
15	Plymouth County/ Middleborough COA	SHINE Coord.	800-231-1155
16	Bristol County/Attleboro	Lisa Sarkis	800-987-2510
17	Coastline Elder Services	Carolyn Avery	508-999-6400
18	Cape Cod Regional Program	Beth Fletcher	800-334-9999

SHINE PROGRAM
INDEX OF AREA NUMBERS AND TOWNS

(Find the city you live in and its area. Then look up the Regional SHINE Program from the list.)

Area #	City / Town
15	Abington
08	Acton
17	Acushnet
01	Adams
03	Agawam
01	Alford
13	Allston
09	Amesbury
02	Amherst
09	Andover
08	Arlington
04	Ashburnham
04	Ashby
02	Ashfield
05	Ashland
02	Athol
16	Attleboro
04	Auburn
06	Avon
04	Ayer
18	Barnstable
04	Barre
01	Becket
08	Bedford
02	Belchertown
04	Bellingham
11	Belmont
16	Berkley
04	Berlin
02	Bernardston
07	Beverly
09	Billerica
04	Blackstone
03	Blandford
13	Boston
18	Bourne
09	Boxboro
08	Boxborough
04	Boylston
12	Braintree
18	Brewster
15	Bridgewater
13	Brighton
15	Brockton
04	Brookfield
11	Brookline

Area #	City / Town
02	Buckland
08	Burlington
08	Cambridge
06	Canton
08	Carlisle
15	Carver
18	Centerville
02	Charlemont
13	Charlestown
04	Charlton
18	Chatham
09	Chelmsford
10	Chelsea
01	Cheshire
03	Chester
02	Chesterfield
03	Chicopee
14	Chilmark
01	Clarksburg
04	Clinton
12	Cohasset
02	Colrain
08	Concord
02	Conway
02	Cummington
01	Dalton
07	Danvers
17	Dartmouth
11	Dedham
02	Deerfield
18	Dennis
16	Dighton
13	Dorchester
04	Douglas
11	Dover
09	Dracut
04	Dudley
09	Dunstable
12	Duxbury
13	East Boston
15	E. Bridgewater
04	E. Brookfield
03	E. Longmeadow
15	East Wareham

Area #	City / Town
18	Eastham
02	Easthampton
06	Easton
14	Edgartown
01	Egremont
02	Erving
07	Essex
10	Everett
17	Fairhaven
16	Fall River
18	Falmouth
04	Fitchburg
02	Florence
01	Florida
06	Foxboro
05	Framingham
04	Franklin
16	Freetown
04	Gardner
14	Gay Head
09	Georgetown
02	Gill
07	Gloucester
02	Goshen
17	Gosnold
04	Grafton
02	Granby
03	Granville
01	Gr. Barrington
02	Greenfield
04	Groton
09	Groveland
02	Hadley
15	Halifax
07	Hamilton
03	Hampden
01	Hancock
15	Hanover
15	Hanson
04	Hardwick
08	Harvard
18	Harwich
02	Hatfield
09	Haverhill

Area #	City / Town
02	Hawley
02	Haydenville
02	Heath
12	Hingham
01	Hinsdale
12	Holbrook
04	Holden
05	Holliston
03	Holyoke
04	Hopedale
05	Hopkinton
04	Hubbardston
05	Hudson
12	Hull
02	Huntington
18	Hyannis
13	Hyde Park
07	Ipswich
13	Jamaica Plain
15	Kingston
15	Lakeville
04	Lancaster
01	Lanesborough
09	Lawrence
01	Lee
02	Leeds
04	Leicester
01	Lenox
04	Leominster
02	Leverett
11	Lexington
02	Leyden
11	Lincoln
08	Littleton
03	Longmeadow
09	Lowell
03	Ludlow
04	Lunenburg
07	Lynn
07	Lynnfield
10	Malden
07	Manchester
16	Mansfield
07	Marblehead

Area #	City / Town
17	Marion
05	Marlborough
12	Marshfield
14	Martha's Viney.
18	Mashpee
13	Mattapan
17	Mattapoisett
08	Maynard
06	Medfield
10	Medford
04	Medway
07	Melrose
04	Mendon
09	Merrimack
09	Methuen
15	Middleborough
02	Middlefield
07	Middleton
04	Milford
04	Millbury
02	Millers Falls
04	Milleville
06	Millis
12	Milton
02	Monroe
03	Monson
02	Montague
01	Monterey
03	Montgomery
01	Mt. Washington
07	Nahant
18	Nantucket
05	Natick
11	Needham
01	New Ashford
17	New Bedford
04	New Braintree
01	New Marlborou.
02	New Salem
09	Newburyport
11	Newton
01	North Adams
09	North Andover
16	North Attleboro
04	N. Brookfield
18	North Chatham
16	North Dighton
10	North Reading
02	Northampton
05	Northborough
04	Northbridge
02	Northfield
16	Norton
12	Norwell
06	Norwood
14	Oak Bluffs
04	Oakham
02	Orange
18	Orleans
01	Otis
04	Oxford
03	Palmer
04	Paxton
07	Peabody
02	Pelham
15	Pembroke
04	Pepperell
01	Peru
02	Petersham
02	Phillipston
01	Pittsfield
02	Plainfield
06	Plainville
15	Plymouth
18	Pocasset
18	Provincetown
12	Quincy
12	Randolph
16	Rayham
07	Reading
16	Rehoboth
10	Revere
01	Richmond
17	Rochester
15	Rockland
07	Rockport
13	Roslindale
02	Rowe
09	Rowley
13	Roxbury
02	Royalston
03	Russell
04	Rutland
07	Salem
09	Salisbury
01	Sandisfield
18	Sandwich
07	Saugus
01	Savoy
12	Scituate
16	Seekonk
06	Sharon
01	Sheffield
02	Shelburne
05	Sherborn
04	Shirley
04	Shrewsbury
02	Shutesbury
02	South Deerfield
16	Somerset
08	Somerville
13	South Boston
12	South Braintree
17	So. Dartmouth
02	South Hadley
02	Southampton
05	Southborough
04	Southbridge
03	Southwick
04	Spencer
03	Springfield
04	Sterling
01	Stockbridge
10	Stoneham
06	Stoughton
08	Stow
04	Sturbridge
05	Sudbury
02	Sunderland
04	Sutton
07	Swampscott
16	Swansea
16	Taunton
04	Templeton
09	Tewskbury
14	Tisbury
03	Tolland
07	Topsfield
04	Townsend
18	Truro
02	Turners Falls
09	Tyngsborough
01	Tyringham
04	Upton
04	Uxbridge
07	Wakefield
06	Walpole
11	Waltham
02	Ware
15	Wareham
04	Warren
02	Warwick
01	Washington
11	Watertown
05	Wayland
04	Webster
05	Wellesley
18	Wellfleet
02	Wendall
07	Wenham
04	West Boylston
15	W. Bridgewater
04	West Brookfield
09	West Newbury
13	West Roxbury
03	W. Springfield
01	W. Stockbridge
14	West Tisbury
18	West Yarmouth
05	Westborough
03	Westfield
09	Westford
02	Westhampton
04	Westminster
11	Weston
16	Westport
06	Westwood
12	Weymouth
02	Whately
04	Whitinsville
15	Whitman
03	Wilbraham
02	Williamsburg
01	Williamstown
08	Wilmington
04	Winchendon
08	Winchester
01	Windsor
10	Winthrop
08	Woburn
04	Worcester
02	Worthington
06	Wrentham
18	Yarmouth

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Medicare Telephone Numbers to Note

SHINE - Serving Health Information Needs of Elders Health Insurance Counseling Program 1-800-882-2003	Free and objective health insurance counseling program for Medicare beneficiaries and elders sponsored by the Mass. Executive Office of Elder Affairs.
Medicare Part B Carrier 1-800-882-1228	Assistance with all Medicare Part B claims and coverage questions.
Medicare Part A Intermediary 1-888-896-4997	Help with Medicare Part A coverage questions and claims.
Mass Peer Review Organization 1-800-252-5533	Investigates complaints about poor quality of care received by a Medicare beneficiary from a Medicare HMO or any hospital, nursing facility or home health agency.
Health Care Financing Administration (HCFA) - Medicare Beneficiary Services 1-617-565-1232	Assistance for all Medicare issues.
Medicaid 1-800-841-2900	Eligibility, applications and coverage information.
Medicare Advocacy Project 1-800-323-3205	Provides free advice and free legal aid to Medicare beneficiaries.
Medicare Fraud and Abuse Hotline 1-800-368-5779	Investigates reports about Medicare fraud and abuse.
Social Security Administration 1-800-772-1213	Medicare enrollment, and issues new Medicare cards.
Senior Pharmacy Program 1-800-953-3305	Helps seniors with incomes up to $11,844/year (1997) to buy medicine. Amount increases annually.
Durable Medical Equipment (DME) Carrier 1-800-842-2052	Answers questions and handles durable medical equipment.